

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1321 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bates

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 31 Years, 4 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, -

Place of Death, { Give Street and Number. } 907 Ryan

Cause of Death, { First (Primary), Second (Immediate), } Typho Malarial Fever

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonny Braw Cemetery

Date of Burial, July 17th

{ Undertaker, Mr Schaeffer } Chas. J. McKeown M. D. Medical Attendant.

{ Place of Business, 85 Front St } Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1322

Office of Registrar of Vital Statistics.

Ward

5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 2 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Cemetery

Date of Burial, July 16th 1887

{ Undertaker, H. Sander and Son

{ Place of Business, Canon Ave

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John Chas. De Long Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1323 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May S. Cushman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1326 Ething St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, July 16th 1887

Undertaker, Martin Bradley

Place of Business, 606 W. Lunsford St Address, 1218 Madison

B B Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to Use the Records of the City and County of Baltimore.

Health Department, City of Baltimore.

Permit No. A 1324 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Butler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, _____ Months, _____ Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Detawand U.S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 811 Harlem Av

Cause of Death, { First (Primary), Second (Immediate), } Consumption
Asthma

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17

{ Undertaker, W. Weaver }

{ Place of Business, 7381 Eutan } Address, 639 Franklin

J. Miller M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A-1325 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry S. Shuren

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 14 Years, 14 Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 312 Preston St.

Cause of Death, { First (Primary), Second (Immediate), } Gastro Enteritis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Swiss Home Cem.

Date of Burial, July 15th 1887

Undertaker, A. Rosenberger Medical Attendant, W P Munroe M. D.

Place of Business, Old 61 Park Ave Address, 315 W Munroe

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1326** Office of Registrar of Vital Statistics.

Ward **18th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 16th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Laura Kate Ball**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **7** Years, **7** Months, **1** Week, **48** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **Ball City**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore City**

Duration of Residence in the City of Baltimore, **842 Woodward St**

Place of Death, { Give Street and Number. } **842 Woodward St**

Cause of Death, { First (Primary), Second (Immediate), } **Strangulation by umbilical cord**
Cyanosis

Duration of Last Sickness, **Half hour**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**

Date of Burial, **July 15th**

Undertaker, **Fred Gaede** E. Michener M. D. Medical Attendant.

Place of Business, **108 S. Caroline** Address, **526 Shaw St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1327

Office of Registrar of Vital Statistics.

Ward

18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 14, 1887

Full Name of Deceased,

{Write legibly and spell correctly. If an Infant not named, give names of parents.}

August Pust

Sex, Male or Female,

{Cross out the word not required in this line.}

Age,

60 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Employer of William Hair Factory
Germany

Birth Place,

{State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

{Give Street and Number.}

75 Brown Lane

Cause of Death,

{First (Primary),}

{Second (Immediate),}

Sun stroke

Duration of Last Sickness,

3 hours

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem.

Date of Burial,

July 16th 1887

Undertaker,

John P. Paulus

Place of Business,

2009 Tudor Ave.

James Rooley M. D.
Medical Attendant.

Address, 1701 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 1328 Office of Registrar of Vital Statistics. Ward 16²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant no^t named, give names of parents. } Richard James Harris

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 1 Days,

Color, Myr

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 214 Redgrove Court

Duration of Residence in the City of Baltimore, from birth

Place of Death, { Give street and Number. } 214 Redgrove Court

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of Last Sickness, from July 11th 1887 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery May Creek

Date of Burial, July 16 1887 J. W. Carroll M. D.,

{ Undertaker, Hercules Ross } Medical Attendant.

{ Place of Business, 404 Conway St } Address, 312 Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1329 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. Henry Fisher

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 Years, ✓ Months, ✓ Days.

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Brickmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 224 York St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 15 1887

Undertaker, Hercules Ross } L. Egler Smith M. D.

Medical Attendant.

Place of Business, 404 Conway St. Address Box Columbia av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 1330

Office of Registrar of Vital Statistics.

Ward

1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th July 1892, Onek

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ossek

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death, { Give Street and Number. }

Allice Annasth 2204.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St Paul's Cemetery

Date of Burial,

July 16th 89

Undertaker,

John O. Schuch

William J. Dunkel

M. D.

Place of Business,

265 Allice Annasth address,

S. Walpert, 318.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]